



## BlueCross BlueShield of Montana

### CMS Replaces Modifier 59 with New “X” Modifiers

Effective Jan. 1, 2015, the Centers for Medicare & Medicaid Services (CMS) added four new modifiers to replace modifier 59 when submitted with Current Procedural Terminology (CPT®)/HCPCS codes. Modifier 59 was previously used to report that a service was a *distinct procedural service*. Following are the new modifiers replacing modifier 59 and their descriptions:

<b>X Modifier</b>	<b>Description</b>
<b>XE</b> Separate Encounter	A service that is distinct because it occurred during a separate encounter
<b>XS</b> Separate Structure	A service that is distinct because it was performed on a separate organ/structure
<b>XP</b> Separate Practitioner	A service that is distinct because it was performed by a different practitioner
<b>XU</b> Unusual Non-Overlapping Service	The use of a service that is distinct because it does not overlap usual components of the main service

Beginning on or after April 20, 2015, Blue Cross and Blue Shield of Montana (BCBSMT) will enhance the ClaimsXten code auditing tool by adding the first quarter 2015 codes and bundling logic into our claim processing system. Currently, BCBSMT will accept the new modifiers when submitted.

To help determine how coding combinations on a particular claim may be evaluated during the claim adjudication process, you may use Clear Claim Connection™ (C3). C3 is a free, online reference tool that mirrors the logic behind BCBSMT's code-auditing software. Refer to our website at <https://www.bcbsmt.com/pages/provider.aspx> for additional information on gaining access to C3.

For details and additional announcements regarding ClaimsXten, including answers to frequently asked questions, refer to the Provider Education/Claims section of our website at <https://www.bcbsmt.com/Pages/proveducation.aspx>. Information also may be published in upcoming issues of the *Capsule News*.

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